



**Easton Country Day School**  
 660 Morehouse Road, Easton, Connecticut  
 06612  
 Grades Pre-K - 12  
 203 268-5530

**K - 8 APPLICATION 2018-2019**

Applicant's Name \_\_\_\_\_  
LAST FIRST MIDDLE REFERRED NAME OR NICK NAME

TODAY'S DATE \_\_\_\_\_ Present Grade \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Gender M / F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
STREET CITY STATE ZIP

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address IF DIFFERENT \_\_\_\_\_ Address IF DIFFERENT \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Nature of Business \_\_\_\_\_ Nature of Business \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Secondary School \_\_\_\_\_ Secondary School \_\_\_\_\_

College(s) \_\_\_\_\_ College(s) \_\_\_\_\_

Degree(s) & Year(s) \_\_\_\_\_ Degree(s) & Year(s) \_\_\_\_\_

Contact Information	Email Address	Telephone	Cell Phone
Student		Home #	
Mother		Business #	
Father		Business #	

Applicant lives with: BOTH PARENTS MOM DAD GUARDIAN GRANDPARENTS

Parents are: MARRIED SEPARATED DIVORCED WIDOWED NEVER MARRIED

If separated or divorced: MOTHER IS REMARRIED YES NO NAME OF SPOUSE \_\_\_\_\_

FATHER IS REMARRIED YES NO NAME OF SPOUSE \_\_\_\_\_

Name and address of person responsible for bills: \_\_\_\_\_

Current School & Address \_\_\_\_\_

Has the applicant ever had any education testing done? \_\_\_\_\_ If so, please detail. \_\_\_\_\_

IF NECESSARY, PLEASE CONTINUE ON A SEPARATE SHEET. Please include the results of any testing with this application.

Reason for testing: \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_ How did you learn about ECDS? \_\_\_\_\_

Please list any relative who has attended ECDS \_\_\_\_\_

What are your child's personal strengths? \_\_\_\_\_

What academic and/or personal areas do you feel need strengthening? \_\_\_\_\_

List any art, music, drama, dance lessons, sports, or activities in which your child is currently participating (include number of years).  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any particular concerns about your child of which we should be aware? \_\_\_\_\_  
\_\_\_\_\_

Sibling Information

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Grandparents \_\_\_\_\_ Grandparents \_\_\_\_\_  
(Maternal) (Paternal)

Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

*Easton Country Day School does not discriminate on the basis of race, religion, sex or national origin.  
Easton Country Day School is an equal opportunity institution.*

**Application Procedure:**

- 1. Parent/Applicant interview.**
- 2. Fill out application form and submit it to ECDS with a nonrefundable \$75 processing fee.**
- 3. Fill out a record request form and submit it to your current school.**
- 4. Student visitation and assessment/examination.**

***TUITION FOR THE 2018-2019 YEAR IS \$20,000 / GIFTED PROGRAM IS 29,000 / PRAESTO PREP IS \$29,000 / ARROWSMITH IS \$301000***

**PLEASE READ CAREFULLY BEFORE SIGNING:**

*In consideration of the undertaking of the Admissions Office to process this form, the undersigned agrees that the information furnished on this Application Form, together with all information and materials of any kind received by Easton Country Day School from any source, prepared by anyone at their request, shall be completely confidential and shall not be disclosed to anyone including the candidate and his or her family.*

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_